

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/544525 FILING DATE 4-6-80
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12		2				
13		2				
14		1				
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22		2				
23		2				
24		2				
25		2				
26		1				
27		1				
28		1				
29		1				
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36		3				
37		3				
38		3				
39		3				
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50						
TOTAL IND.	11					
TOTAL DEP.	54					
TOTAL CLAIMS	65					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						